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APPLICANTS

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** CONTINUING DATA *****

This application is a CIP of 09/827,551 04/06/2001 PAT 6,701,183 *Bty*

** FOREIGN APPLICATIONS *****

none Bty

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** SMALL ENTITY **

** 04/28/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WI	SHEETS DRAWING 8	TOTAL CLAIMS 92	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Brian Odeon</i> Examiner's Signature	<i>Bty</i> Initials			

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TITLE

Long term cardiac monitor

FILING FEE RECEIVED 1387	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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